

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/524,172
		Filing Date April 6, 2006
		First Named Inventor Chantal Catharina Maria Appeldoorn
		Art Unit 1654
		Examiner Name Ronald T. Niebauer
		Attorney Docket Number 04-1099

ENCLOSURES <i>(Check all that apply)</i>			
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):	
			<input type="checkbox"/> Drawing(s)
			<input type="checkbox"/> Licensing-related Papers
			<input type="checkbox"/> Petition
			<input type="checkbox"/> Petition to Convert to a Provisional Application
			<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
			<input type="checkbox"/> Terminal Disclaimer
			<input type="checkbox"/> Request for Refund
			<input type="checkbox"/> CD, Number of CD(s) _____
			<input type="checkbox"/> Landscape Table on CD
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	McDonnell Boehnen Hulbert & Berghoff LLP		
Signature	/Michael S. Greenfield/		
Printed name	Michael S. Greenfield		
Date	June 25, 2008	Reg. No.	37,142

CERTIFICATE OF TRANSMISSION/MAILING

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